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ABSTRACT

Based on the fact that many women in the Tamil Nadu state of India were performing triple roles as mother, worker, and homemaker, this descriptive study attempted to provide information which would portray the real situation about the child care needs and strategies of women working in the state's unorganized sector. The objectives of the study were to examine: (1) the working condition of women in various occupations that have a bearing on child care; (2) problems in child care; (3) how working mothers cope with child care; (4) the outcome of the responsibility for child care placed on siblings; (5) the factors related to breastfeeding practices; (6) the pattern of utilization of available child care facilities by working mothers; and (7) the opinions of working mothers regarding the quality of child care provided by the government and voluntary organizations. Interviews were conducted with 1,000 mothers from Tamil Nadu who engage in different occupations. Detailed statistical analyses of results were presented in the areas of time factors, distance factors, income factors, and child care strategies. The results indicated that there was a gap between needs and services, and that the quality of services was generally poor. Results suggest that fundamental changes in attitudes are needed among employers, policy makers, and the public. Contains a list of readings and an appendix charting the care of children of working mothers in this state. (MOK)

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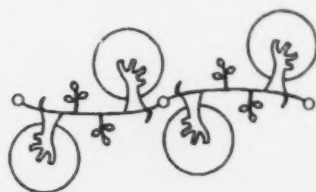


BALANCING MULTIPLE ROLES

Child Care Strategies of Women Working in the
Unorganised Sector in Tamil Nadu

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Research Report No. 1



M.S. Swaminathan Research Foundation

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FOREWORD

The Beijing Declaration and Platform of Action on September 1995 has focused attention world-wide on the urgency of achieving gender equality as an essential precondition for a happy and equitable world. It is only of late we have increased political and public attention to the burdens placed on women by their multiple roles. While there have been some studies of the ways in which women cope with their manifold roles, these have mostly concentrated on the organised sector, and have often originated in other countries. In India, where 90 % of the female work force is in the unorganised sector, schemes for income-generation or livelihood opportunities for women can only succeed in breaking the poverty barrier when there is greater appreciation of the demands on women's time and the manner in which they handle these pressures. Child care has traditionally been exclusively the woman's responsibility, and hence the manner in which women balance their work and child care roles is of especial significance. All the available data stress urgent attention to the twin needs of women in the unorganized sector, namely reduction in the number of hours of work and value addition in economic terms, each hour of their work.

We are specially grateful to Messrs. M.R. Arulraj and S. Raja Samuel of the Department of Social Work, Loyola College, Madras for this pioneering study which they took up at our suggestion. The study documents, for the first time, on such a scale and in vivid detail, the ways in which women in Tamil Nadu, working in various occupations in the unorganised sector, ranging from agriculture at one end to petty trades and beedi-making at the other, cope with their roles as workers and mothers of young children. The findings are startling in several respects and deserve the attention of policy makers.

Among the highlights of the study are the extent to which, even in an educationally advanced State like Tamil Nadu, children aged 6-14, especially girls, are deprived of schooling because of their responsibility for the care of younger children, and the extent to which poor working mothers are willing to forego much-needed earnings in order to care for, and breastfeed, their infants; the gap between the needs and expectations of mothers for child care support and the actual child care services available; and the surprising finding that existing child care services are better utilised in rural than in urban areas.

An articulated need for day-care services emerges, challenging the approach of looking at programmes for health, nutrition or pre-school education in isolation of each other. At the same time, the diversity of women's needs in various occupations suggests the need for a radical shift in policy from a service-delivery approach to a more flexible, need-based one. Innovative strategies will have to be found to bring young "child caregiver" girls into school, and to meet the needs of children below two years of age. While Tamil Nadu has been a leader in initiating maternity benefits for women in the unorganised sector, the empowerment of women to breastfeed will require policies aimed at removing the legal, social and economic constraints.

We are happy to bring these findings and insights to a wider public through our Research Report series, and we are grateful to the Bernard van Leer Foundation for making this publication possible.

M. S. Swaminathan

M.S.Swaminathan

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With immense gratitude we acknowledge the constructive critique proffered by Dr.S. Anandalakshmy, Consultant in Child Development and Education, Dr. Barbara Isely, Sociologist and Dr.S. Rajagopalan, Distinguished Fellow, MSSRF, who went through each and every page of this report (more than once despite the many calls on their time) and provided valuable suggestions to refine it. We are grateful to Ms. Mina Swaminathan for her substantial contribution to the study right from its conception to its publication.

M. R. Arulraj
S. Raja Samuel

I INTRODUCTION

Who is responsible for taking care of children? Mother, father, parents or society? This simple question has acquired poignant meaning today, given the rise in the number of working women and the everyday conflict they face over balancing their roles as workers and mothers.

Today, despite the large numbers of women in the work force, the basis of all labour welfare legislation is the traditional family unit where the man is the breadwinner and the woman, the housekeeper, child bearer and child rearer. There are a large number of families where both the husband and wife work. There are also many families in which the woman is the sole or main breadwinner, and families where, although both the husband and wife may be working, it is the woman's contribution alone that sustains the family, because the husband's income is either meagre or is often spent for other purposes like drinking. Frequently, under such circumstances it is difficult for the woman to reconcile her roles as a mother, worker and home maker as these roles conflict with each other.

Women's Triple Roles

Labour legislation does not allow for the complexity of needs and responsibilities of a woman in performing her triple roles as worker, mother and home-maker. The issue of providing child care outside the home has not been addressed seriously. Moreover, legislation covers only those working in the organised sector, who account for hardly 11% of the total workforce of women. The problem is many times more complex when one takes into account the plight of women in the unorganised sector (89%), who are left out of the purview of such legislation.

The average woman worker in the unorganised sector must constantly balance the quantity of attention she can devote to her three major roles, resulting in the inadequate performance of all three roles or a drastic negative impact on one particular role. Often, the mothering role suffers as

this is the only one that can be compromised, however unwillingly. It is superfluous to mention that the working/earning role of these women as workers is of paramount importance to their basic survival and hence difficult to neglect, and home-making, which is again the responsibility of the mother, also demands a minimum of attention.

However, the mother in the unorganised sector has been coping with the care of her young child with whatever resources she has at her disposal. The coping strategies she adopts may not be termed as ideal and frequently may have detrimental effects on both the mother and the child, but she cannot help it.

Apart from the problems faced by the mother working in the unorganised sector, the young child too faces a serious threat to development, even survival. Preoccupation with work separates the mother from the young child for a considerable period of time every day, right from birth. When the child is sick, the mother has to take time off work, which is not compensated for by the employers.

Unanswered Questions

Several questions have to be addressed with regard to the child care needs and problems of women working in the unorganised sector: Who takes care of the young child when the mother goes to work? What are the occupational constraints faced by the mother in relation to child care? How does her occupation influence the child care strategies adopted by her? How does work affect breastfeeding? What is the extent of siblings' involvement in child care and its impact on them? What are the child care services used by these mothers? What is their opinion regarding the services which they use? What is their opinion of other caregivers in the family? and what assistance do they need for child care, particularly in the context of their occupation?

Apart from the National Sample Survey conducted in 1978 (Appendix I) which detailed the child care strategies adopted by working women, there have been virtually no studies to address the questions raised above. There is a need to go into all these issues as it concerns the welfare and development of a majority of the working women and above all the young children who are the future of the nation.

This study attempts to provide information which would portray the real situation about the child care needs and strategies of women working in the unorganised sector.

Objectives of the Study

1. To study the working conditions of women in various occupations that have a bearing on child care.
 2. To portray the problems in child care encountered by working mothers.
 3. To find out how working mothers cope with child care.
 4. To study the outcome of the responsibility for child care placed on siblings.
 5. To examine the factors related to breastfeeding practices of the respondents in the context of their occupation.
 6. To establish the pattern of utilisation of available child care facilities by working mothers.
 7. To study the opinion of the working mothers regarding the quality of child care provided by the government and voluntary organisations.
-

II METHODOLOGY

This study intended to focus on working women in the unorganised sector in Tamil Nadu. According to Census 1991, there are 57 lakh working women in Tamil Nadu, of whom 50.73 lakh (89%) are in the unorganised sector. The percentage of women in this group who are mothers of young children (below six years) is not known and the possibility of getting the exact number of such mothers was remote. There are also several differences in the type of job activity carried out by women working within a occupational category. These were some of the factors that shaped the methodology adopted for this study.

The Respondents

The unit of study in this research is the working mother in the unorganised sector involved in any one of the following occupations as her primary income-generating activity, and having at least one child below the age of 6 years. The occupational sectors are as follows:

- ☐ Agriculture
- ☐ Plantation
- ☐ Quarrying
- ☐ Fishing
- ☐ Domestic work
- ☐ Beedi rolling
- ☐ Construction
- ☐ Urban petty trade
- ☐ Weaving / artisan.

Though they do not belong to any particular occupational category, gypsies were included in the study to find out whether they have any specific child care needs, different from other women in the unorganised sector.

Criteria for Selection

Two major considerations governed the selection of respondents. One was the objective of the study, which was to get an overall picture of the child care problems faced by women in the unorganised sector and the strategies adopted by them to meet their needs. The study was not designed to obtain estimates for projection. The second consideration was the limited amount of resources available - both time and money. The resources needed to identify the sampling frame for a study of this nature covering such a large population were not available. This was also the reason behind using the services of students for data collection during the summer vacation.

Keeping these considerations in mind, the researchers decided to select 1000 respondents from all over Tamil Nadu. The number of respondents to be selected representing each occupation was decided based on the need to give some representation to all the occupational categories within the sample of 1000 persons.

The selection of districts, the blocks in these districts, and the villages, was based on the strong presence of respondents belonging to the listed occupations in these places, as well as the availability of local support in the form of non-governmental organisations.

While selecting the respondents, the differences in the nature of the activities of the respondents in the same occupation was also taken into consideration. For example, respondents in agricultural sector were selected both from irrigated and rain-fed areas. Similarly, casual labourers, migrant workers and contract labourers were included as respondents from the construction sector, to ensure sufficient representation of a wide variety of workers within the sample. The distribution shown in Table 2.1 was arrived at thus.

Table 2.1

District and occupation-wise distribution of respondents

District	Occupation of the respondents										Total
	A	B	C	D	E	F	G	H	I	J	
Madras	0	30	0	0	50	10	20	0	30	10	150
South Arcot	10	0	20	0	0	0	20	0	0	0	50
North Arcot	30	0	0	30	30	0	0	0	0	10	100
Tanjore	100	0	0	0	0	0	0	0	0	0	100
Madurai	60	30	40	0	20	20	0	15	15	0	200
Dindigul	20	0	20	0	0	10	0	0	0	0	50
Salem	0	10	0	0	0	15	0	10	10	5	50
Tinneveli	10	20	0	60	0	0	0	0	0	10	100
K.Kumari	10	0	10	0	0	5	10	15	0	0	50
Nilgiris	0	0	0	0	0	0	0	10	0	10	20
Ramnad	60	0	10	10	0	15	0	0	0	5	100
Trichy	0	10	0	0	0	0	0	0	20	0	30
Total	300	100	100	100	100	75	50	50	75	50	1000

Note: The names of the districts are according to the nomenclature followed prior to recent bifurcations.

A - Agriculture B - Construction C - Weaving / artisan D - Beedi rolling E - Quarrying
 F - Urban petty trade G - Fishery H - Plantation I - Domestic work J - Gypsy

To cover more villages within a block, it was decided to take only 5 or 10 respondents per village depending on the size of the population belonging to one occupational category from each village. To reduce bias to some extent at this final level of selection, systematic sampling procedure was used to obtain 5 or 10 respondents each from the selected villages. In each village, a list of working mothers of young children was prepared with the help of animators from local NGOs or the health personnel attached to the PHCs. This list included only those who were involved in a particular occupation. From this list 5 or 10 respondents were selected using systematic sampling method. The same procedure was followed to select respondents from wards in urban areas.

Tools for Data Collection

The major instrument, for data collection was an interview schedule containing structured questions related to the following major areas:

- Personal information
- Occupational details
- Strategies adopted for child care
- Utilisation/opinion regarding child care facilities and caregivers
- Impact of child care on siblings
- Breastfeeding.

An interview guide containing five open-ended questions was also used by the researchers to collect

data from secondary sources such as creche workers, nutrition workers, teachers, local leaders and junior level government functionaries. The tool contained questions on general information pertaining to child care needs and problems as well as suggestions for improving child care among women in the unorganised sector.

The interview schedule was subjected to a pilot study with 25 respondents covering four occupational categories in both rural and urban areas. Two questions related to breastfeeding were deleted and categories were added in close-ended questions pertaining to child care centres and reasons for siblings' involvement in child care.

Data Collection and Analysis

The data was collected by ten research investigators and the two researchers. The research investigators who were post-graduate students in social sciences, were trained for two days before they took up the task. The respondents were met either at their workspot or at home in the evenings after work. The collection of data was carried out over a period of three months starting from May through July 1994.

The main problem in data collection stemmed from the need to enlighten the respondents of the rationale behind the study. It took considerable time for the researchers and the research investigators to explain the objective of the study to the respondents and to the local child care functionaries, leaders and NGO personnel. Additional time was required by the physical difficulty in reaching remote areas and meeting respondents in such areas.

Of the data collected from 1000 respondents, 46 schedules were rejected because of incomplete data. Four schedules containing information from tribal respondents were not included as the original intention of grouping them with gypsies was not found appropriate. The remaining 950 schedules were analysed in a computer using a statistical package (Number Crunching Statistical System).

The Reporting Framework

The report is presented under six major areas of discussion. The working conditions in various

occupations that have a bearing on child care, strategies adopted for child care, factors related to breastfeeding and work, involvement of siblings in child care, child care services and needs and the implications of the findings are the headings under which the data is analysed and presented.

For ease of reading the researchers have avoided presenting the actual number of respondents in each cell in the tabular presentation of the data. Percentages alone are included. However, the total number of respondents is presented at the end of each table.

Definition of Terms

Child Care comprises the whole gamut of activities carried out by the biological mother or a mother substitute to address the developmental needs of a child.

Caregiver is a person who attends to the developmental needs of a child for a considerable period of time per day. The caregiver may be the mother herself or any other person entrusted with the responsibility of child care.

Working Mother of Young Children is a mother having at least one child below 6 years of age and involved in an income-generating activity for at least 6 hours per day.

Unorganised Sector comprises all the occupational categories not included under the public sector and not covered by statutory provisions in the private sector.

Child Care Centre (CCC) is an institution run by Government, voluntary or private initiative, where child care workers are employed to take care of enrolled children for a fixed period of time during the day.

Child Care Worker is a caregiver employed in a child care centre to take care of children entrusted to her for a fixed period of time during the day.

Child Care Services (CCS) includes Child Care Centres run by Government/private/voluntary initiative, Noon Meals Centres and the Mother and Child Health Programme.

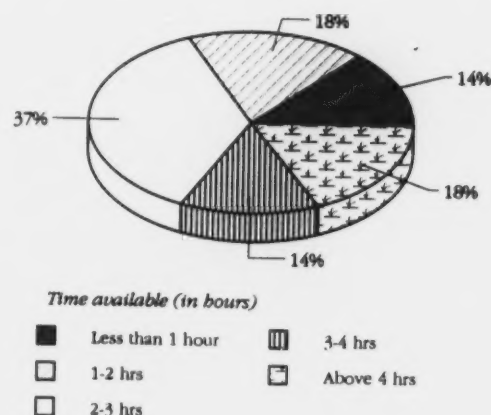
III WORKING CONDITIONS AFFECTING CHILD CARE

The unorganised sector is characterised by a multiplicity of occupations in which women are involved which differ from each other in several ways. These differences contribute to the unique nature of the problems faced by the mothers of young children in each occupation. Hence it is imperative to understand the dimensions of each occupation in relation to child care and evolve a holistic picture of the working mother in the unorganised sector to gain a comprehensive understanding of the issues currently being discussed. The researchers attempted to do the aforesaid through an analysis of the demands placed on the working mother by a set of occupational factors. In doing so, the researchers concentrated only on those factors that have implications for child care.

The Time Factor

Time is a major occupational variable that has a bearing on the home-making and child care activities of working women. If the time involved in income-generating activity increases, it cuts into the time allotted for essential home-making and child care activities. Similarly time available before going to or starting work may, to a large extent,

Fig 3.1 Time available before leaving for work



N = 862 * * Home-based occupations excluded

influence the quality of child care efforts, especially in the morning.

The mean time available before work was 3 hours. For 31% of the respondents, only 2 hours were available before work (Fig.3.1). Within this

Table 3.1

Time of leaving for work and returning from work

Time of leaving for work	Time of returning from work				
	By 4 p.m.	4 - 5 p.m.	5 - 6 p.m.	After 6 p.m.	Total
By 6 a.m.	26.5	17.4	31.6	24.5	100
	17.2	14.4	18.1	23.0	18.0
6 - 7 a.m.	41.8	9.2	31.2	17.7	100
	24.8	6.9	16.2	15.2	16.4
7 - 8 a.m.	20.6	23.9	37.9	17.6	100
	34.0	50.0	55.0	41.8	45.6
After 8 a.m.	32.9	31.2	16.8	19.1	100
	23.9	28.7	10.7	20.0	20.0
Total	26.0	20.2	29.0	24.8	100
	100	100	100	100	100

N = 862 *

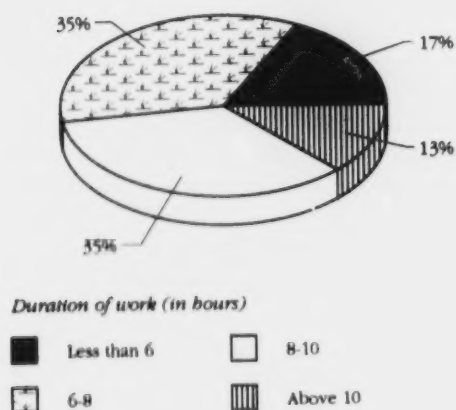
* Home-based occupations excluded

time they may have to manage household chores, grooming children and cooking, apart from preparing themselves for the day's work.

A majority of the respondents (80%) left for work by 8 a.m. (Table 3.1). Most of the respondents (75%) return home by 5 p.m., while the average returning time was 5.20 p.m.

About 24% of those who leave for work by 6 a.m. return from work only after 6 p.m., amounting to about 12 hours of absence from home. About 48% of the respondents work for more than 8 hours per day (Fig 3.2). Thirteen per cent work for more than 10 hours indicating the extended duration of the working day of the women employed in the unorganised sector.

Fig 3.2 Duration of work

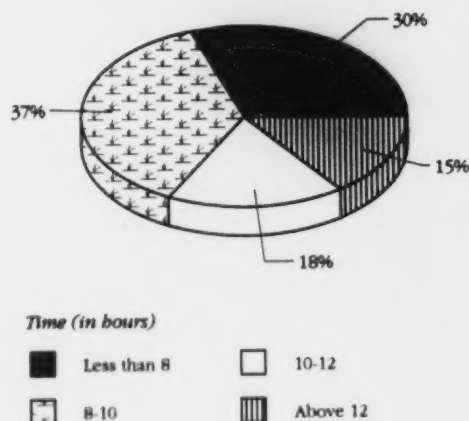


N = 950

The overall duration of time when the respondents are away from home, including work duration and commuting time (calculated from the difference between the mean time of leaving for work and the mean time of return from work) was approximately 10 hours on average. This is the time period which the mother with the young child has to reckon with in terms of child care arrangements everyday.

It is seen in Fig 3.3 that about 33% of the respondents are away from home for more than 10 hours per day and 15% for more than 12 hours.

Fig 3.3 Time away from home



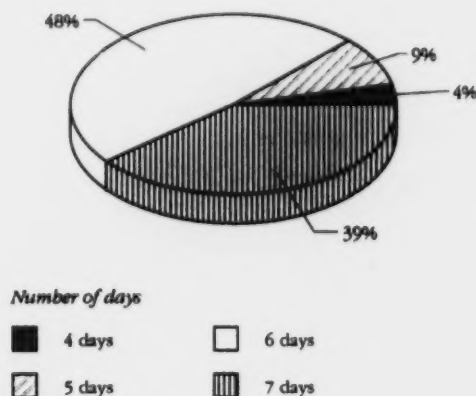
N = 862* * Home-based occupations excluded

This is likely to influence the mothers' choice of child care options.

Another closely related occupational factor is the number of working days per week. For the respondents, this ranged from 4 days to 7 days. Almost 40 % of the respondents work for 7 days while a considerable percentage (48%) work for 6 days per week (Fig 3.4).

The demands of work that keeps the mother away from her young child throughout the day and throughout the week may have serious

Fig 3.4 Working days per week



N = 950

consequences for the growth of the child, unless it is amply compensated for by a surrogate caregiver. Finding a surrogate caregiver for the child frequently proves to be a difficult task for the mother.

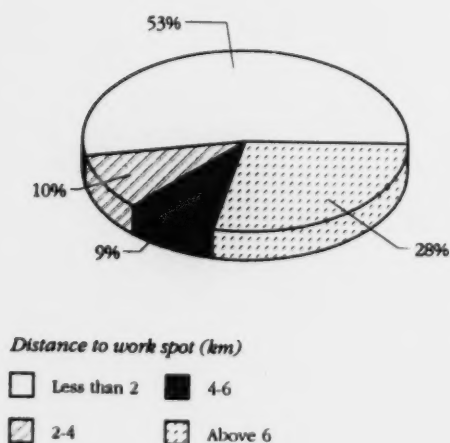
The Distance Factor

Distance to the work spot is another occupational factor that has a bearing on child care. Mothers who live farther from the work spot spend more time commuting than mothers who live closer. The greater time in commuting means more time is spent by these mothers away from their young children, if the child is not taken to work, and greater inconvenience if the child accompanies the mother. While 53% of the respondents travelled a distance of only 2 kms. to the work spot, a considerable percentage (28%) travelled more than 6 kms (Fig 3.5). The average distance travelled was 4.8 kms.

Post-birth Rest Period

It is known that after birth, the first few months of nurture and care is extremely important for the child's development. It is at this time that the child adjusts itself to the harsh realities outside the womb and needs - more than at any other time - all the care she can get from her mother. The

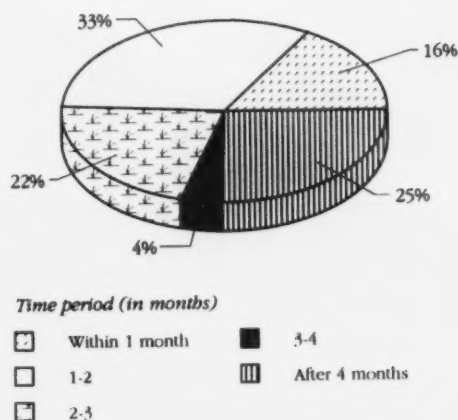
Fig 3.5 Distance to work spot



N = 862 *

* home-based workers excluded

Fig 3.6 Period of rest after delivery



N = 950

mother too needs a considerable period of rest after delivery. During the first few months the child wholly survives on breast milk, the benefits of which are well known.

Considering all these factors, it is imperative that the mother should refrain from any activity which: a) reduces proximity to the child b) causes mental and physical fatigue and c) poses a threat to the health and nutrition of both mother and the child, for at least a minimum period of four months after delivery. This is to ensure that she takes sufficient rest as well as look after the infant who needs exclusive breastfeeding for at least four months.

However, for working women in the unorganised sector such a period of rest seems to be a luxury that they can ill afford.

Over 70% of the respondents take rest for less than 3 months after delivery, while 16 % stop working for just one month after delivery (Fig 3.6). Only 10% of the respondents take rest for more than 4 months after delivery. The mean period of rest after delivery was 2.6 months.

This clearly reflects the economic constraints under which women in the unorganised sector operate. They cannot afford to lose wages for two or three months at a stretch. Several respondents

Table 3.2

Child care strategy and period of rest after delivery

Child care strategy	Time period (in months)				Total
	0-1	1-2	2-3	above 3	
Taken to work-spot	17.9	37.4	17.4	27.2	100
Left at child care centre	6.9	25.6	23.8	43.7	100
Left at home with others	21.1	35.4	20.3	23.2	100
Self (home-based)	42.8	20.4	20.4	16.4	100
Total	16.4	32.6	21.6	29.4	100

N=950

in this study followed the culturally mandated minimum period for rest of 21 days or 40 days before which they should not move out of their house. It is perhaps for the very purpose of the welfare of the mother and child that such a minimum period was stipulated by the elders. However, it is known that this time period is insufficient both for the mother and the child.

Factors Affecting Rest Period

The child care options available to the mother also have a bearing on the period of rest after delivery.

A considerable percentage of respondents in home-based occupations (43%) take rest for just one month after delivery, indicating that it is possible for these women to start working within a month after delivery. A substantial number of those who carry the child to the work spot (37.4%) and those who leave the child at home with others (35.4%) took rest for 1-2 months only (Table 3.2). However, 43.7% of those who used the child care centres stayed at home for more than three months. This may be related to the fact that very few children below two years of age can be left at child care centres.

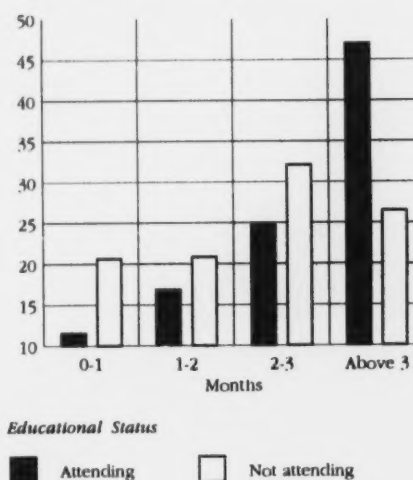
A finding with serious implications is the relationship between presence of sibling caregivers in the family and the period of rest the mother could take after delivery. A considerable percentage of those respondents whose older children attend school (47%), took more than 3 months of rest after

delivery, while it is seen that only 26% of those respondents whose children do not attend school took rest for more than 3 months (Fig 3.7). This indicates that if sibling caregivers are available at home, the mothers go back to work as soon as possible after delivery. There is a strong possibility that these children were kept out of school by the mothers exclusively for child care (Table 7.7).

Mothers' Anxiety about Children

Thoughts about the safety of the child constantly persist in the back of the mind of any working mother, when she is at work, leaving the child under the care of others, or even when she

Fig 3.7 Educational status of children and period of rest after delivery



N = 950

takes the child along with her to the work spot. The worry is probably more acute among working mothers in the unorganised sector because of the various factors that may not allow the mothers to provide for the safe care of their child when they are at work. The presence of several hazards at the work spot, especially in construction sites, quarrying mines and agricultural fields, make them unsuitable for any child to remain safe.

The possibility of the child not being fed properly or not eating, is the primary concern of the respondents, as 60% cited this as the reason. The possibility of the child getting hurt and the fear that other caregivers may not look after the child properly were the other reasons.

The Income Factor

Though the respondents work for a period of 8 hours on an average, the income reportedly earned by them per month is strikingly low. Only 24 % of the respondents stated that they earned above Rs. 400/- per month. The average stated income was Rs. 332 per month.

Another dimension in income is the perceived contribution of the respondent's income to the total income of the family per month. Sixty four per cent of the respondents stated that they earn fifty per cent of the family's total monthly income, while about 6% of the respondents stated that they contribute to more than 75% of the family's income. This group of respondents, being the primary or sole breadwinners of the family, may be under pressure to relegate the welfare of the child to a lower priority.

An overview of the working conditions affecting child care is presented in Table 3.3. There were considerable differences between occupations with regard to the variables related to the working conditions. This has a significant bearing on the child care needs of the respondents. Hence the unorganised sector can not be treated en bloc in terms of child care interventions as mothers employed in each occupational sector have their own unique child care needs which have to be addressed as such by Government and community initiatives.

Table 3.3

Working conditions affecting child care

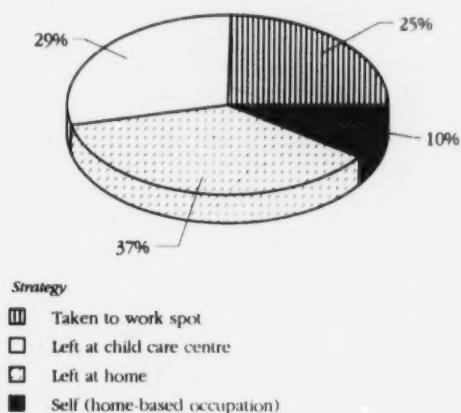
Details in Means									
Occupation	Time of leaving for work* (a.m.)	Time available before work (in hours)	Distance to work-spot (in kms)	Duration of work (in hours)	Time of return from work (p.m.)*	Time away from home (in hours)	Working days per week	Period of rest after delivery (in months)	Contribution to total family income (in percentage)
Agriculture	7.30	3.2	4.1	6.5	3.30	8.7	6.1	3	26
Construction	7.30	2.5	5	7	5	9.1	6	4.6	45
Weaving / artisan	8	3	1.5	7	6.30	10.4	6	2.5	43
Beedi rolling	8	3.5	—	8.5	8.30	12.8	7	1.5	49
Quarrying	7.30	4	1.5	7	6	9.9	6	3	40
Urban petty trade	7.30	2.5	4	7	6	10.0	7	3	44
Fishery	5.30	1.5	9.5	8	4.30	10.4	6	5	43
Plantation	6.30	2	3	6	4	11.3	6	3	49
Domestic work	7	2	4.5	6.5	5	9.8	7	4	40
Gypsies	8	3	9	7	6	9.9	7	1.5	43
All categories	7.30	3	4.8	6.8	5.30	10.0	6.6	2.6	38

* Time of leaving for work and time of returning from work should be read as time of starting and stopping work for home-based occupations

IV CHILD CARE STRATEGIES - AN OVERVIEW

Every working woman with a young child, has the unenviable task of finding a suitable way of taking care of the child when she is at work. While performing this duty, the working mother is careful to choose an option that is as safe as possible for the child. Sometimes, due to several constraints, the mother may have to opt for strategies that are not very conducive to the child's adequate development. However, she weighs the pros and cons of each strategy and may ultimately settle for one she considers the most convenient for the child and economical for her. Several factors related to the nature of the occupation may influence her choice of a strategy, as well as the availability of child care options.

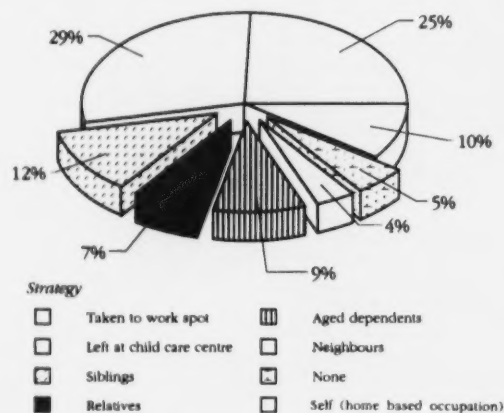
Fig 4.1 Strategies for child care - I



N = 950

Four main strategies are adopted by working mothers to cope with child care: child care at work spot, child care centres, care at home by others and care at home by mother in home-based occupations (Fig 4.1). At home the child may be cared for by elders (grandparents), other relatives, neighbours, siblings or even left alone (Fig 4.2). The respondents were also asked to mention an alternative strategy they adopt if the first option was not available (Fig 4.3).

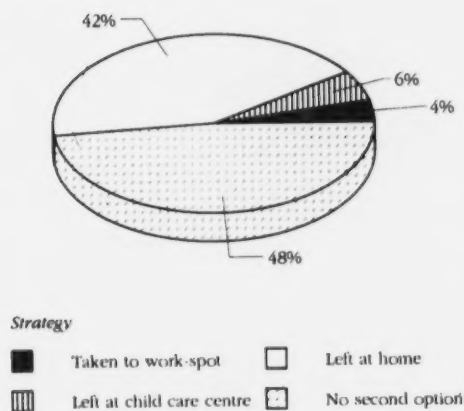
Fig 4.2 Caregivers at home



N = 950

Of the 37% of respondents who leave their youngest child at home, it is significant to note that 12% left them with siblings, while five per cent left their children alone with none to take care of them (Fig 4.2). The other common strategies were - taking the child to the work spot (25%) and leaving

Fig 4.3 Strategies for child care - II



N = 950

the child at the Child Care Centre (29%). An outstanding feature of the picture of child care strategies is that almost 50% of the respondents did not have any alternative other than the strategy they adopt most of the time (Fig 4.3).

Occupational Variations

The child care strategies adopted by the women varied considerably among the various occupations (Table 4.1).

In the agricultural sector a majority of the respondents (67%) leave their children at home while at work. A sizeable per cent of respondents in the construction sector (43%) and 30% in the quarrying sector take their children, especially the younger ones, to their work spot, though doing so may be more hazardous in these sectors than in any other. Domestic workers (26%) and agricultural workers (22%) also follow this strategy to a large extent. About 50% of all who leave their children at home are in the agriculture sector.

Table 4.1

Child care strategy by occupation

Occupation	Child care strategy				
	A	B	C	D	Total
Agriculture	19.9 22.8	13.2 13.4	66.9 50.9	- -	100 29.5
Construction	42.5 20.1	29.2 11.2	28.3 8.6	- -	100 11.1
Weaving / artisan	25.3 10.4	27.6 8.7	10.3 2.6	36.8 39.8	100 9.1
Beedi rolling	- -	16.3 5.1	5.8 1.4	77.9 49.6	100 9.0
Quarrying	29.7 14.9	56.4 20.6	13.9 4.0	- -	100 10.6
Urban petty trade	12.0 4.8	34.7 9.4	46.7 10.0	6.7 5.9	100 7.9
Fishery	1.7 0.4	79.3 16.6	12.1 2.0	6.9 4.7	100 6.1
Plantation	19.5 4.4	26.8 4.0	53.7 6.3	- -	100 4.3
Domestic work	26.0 10.5	23.4 6.5	50.6 11.1	- -	100 8.1
Gypsies	42.9 8.7	31.0 4.7	26.2 3.1	- -	100 4.4
Total	24.6 100	29.0 100	36.7 100	9.7 100	100 100

N=950

A - Taken to work spot
C - Left at home

B - Left at child care centre
D - Self (home-based occupation)

Table 4.2

Child care strategies adopted by occupation and age of the child

Child care strategy	Agriculture		Construction		Weaving		Beedi		Quarry		UPT		Fishery		Plantation		Dom. wkr.		Gypies	
	Age of the child																			
	0-2	3-6	0-2	3-6	0-2	3-6	0-2	3-6	0-2	3-6	0-2	3-6	0-2	3-6	0-2	3-6	0-2	3-6	0-2	3-6
A (234)	20.4	19.4	52.8	20.6	28.6	21.1	17.9	40.4	33.8	22.2	23.6	9.7	2.9	–	15.8	22.7	21.4	34.6	70	18.2
B (276)	7.2	20.2	25	38.2	2.7	21.1	5.4	17	47.7	72.2	19.5	41.9	37.7	73.1	21.1	31.8	15.7	38.5	10	50
C (111)	20.4	24.8	8.3	20.6	–	5.3	–	–	3.1	–	9.1	12.9	38.8	15.8	10.5	27.3	11.8	7.7	10	13.6
D (63)	11.8	3.1	5.6	2.9	10.1	5.3	10.3	–	–	–	15.9	–	2.9	–	31.6	9.1	11.8	3.8	–	9.2
E (87)	21.1	13.2	4.2	5.9	–	–	2.6	–	3.1	5.6	11.4	9.7	–	–	15.8	9.1	27.5	3.8	–	4.5
F (37)	5.2	5.4	1.4	11.8	–	–	–	–	3.1	–	6.8	6.4	5.9	–	–	–	11.8	7.7	–	–
G (50)	8.6	12.3	2.7	–	–	–	–	–	9.2	–	6.8	12.9	–	4.2	5.2	–	–	3.9	10	4.5
H (92)	5.3	1.6	–	–	58.6	47.2	63.6	42.6	–	–	6.8	6.9	6.5	11.8	–	–	–	–	–	–
Total	100 (152)	100 (129)	100 (72)	100 (34)	100 (49)	100 (38)	100 (39)	100 (47)	100 (65)	100 (36)	100 (44)	100 (31)	100 (34)	100 (24)	100 (19)	100 (22)	100 (51)	100 (26)	100 (20)	100 (22)

N = 950

Figures in brackets refer to number of respondents

A - Taken to work spot

B - Left at child care centre

C - Home with siblings

D - Home with relatives

E - Home with aged dependents

F - With neighbours

G - Home with none

H - Self (home-based occupation)

It is important to note that though Tamil Nadu has an extensive network of child care centres (CCC) spread out throughout the state, not all respondents send their eligible children (3-6 years) to the CCC (Table 4.2). Only 20% of the respondents in agriculture, 21% in weaving/artisan, 17% in beedi rolling and 13% in agriculture sent their eligible children to the CCC. It may be noted here that child care centres run by the government and voluntary organisations generally close by 3 or 4 p.m. In some areas it is even earlier i.e., by 12 noon or 1 p.m. In this situation, the option of leaving the child at the child care centre becomes unattractive. The mother has to find alternative arrangements for the care of her child until she returns from work. Again, the fact that very few children below two years of age can be left at child care centres may also be reflected in this choice.

Table 4.3

**Time of leaving for work and
child care strategy**

Time of leaving for work	Child care strategy			
	A	B	C	Total
By 4 a.m.	-	21.7	78.3	100
4-6 a.m.	16.5	39.4	41.6	100
6-8 a.m.	29.6	27.7	32.9	100
After 8 a.m.	18.8	26.7	39.6	100
Total	25.1	31.2	43.7	100

N = 862 * * home-based workers not included

A - Taken to work spot B - Left at child care centre
C - Left at home

Quarry workers and fisherwomen make the maximum use of child care centres for children aged 3-6 (over 70%), while urban petty traders, plantation workers, construction workers and domestic workers are next in the use of centres for children of 3-6 yrs (32 - 40%) (Table 4.2).

Other Factors Affecting Options

Occupational factors such as time of leaving for work (Table 4.3), time of returning from work, and distance between residence and work spot (Table 4.4) influence the child care strategies of respondents to a considerable extent. Distance between the residence of the working mother and the child care centre too has an influence over child care strategy. (Table 4.5)

Table 4.4

**Distance to work spot and child
care strategy**

Distance (in km)	Child care strategy			Total
	A	B	C	
within 2 kms	30.1	28.8	41.1	100
2-4	24.1	18.4	57.5	100
4-6	24.4	33.3	42.3	100
Above 6 kms	13.7	42.5	43.8	100
Total	25.1	31.2	43.7	100

N = 862 * * home-based workers not included

A - Taken to work spot B - Left at child care centre
C - Left at home

Table 4.5

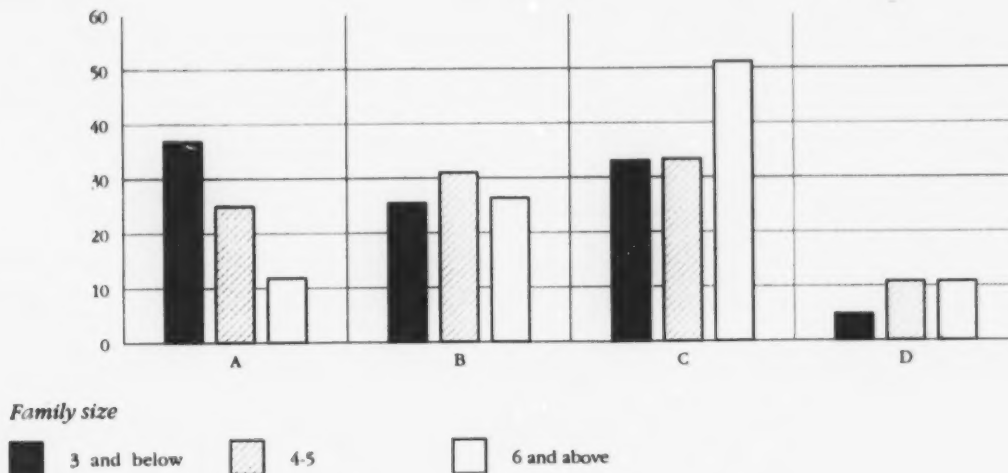
**Distance to child care centre and
child care strategy**

Distance (in km)	Child care strategy				Total
	A	B	C	D	
Within 1/2 km	22	42.8	32.8	2.4	100
1/2-1km	24.1	28.5	33.6	13.8	100
Above 1 km	30.4	6.7	50	12.9	100
Total	24.6	29	36.7	9.7	100

N = 950

A - Taken to work spot B - Left at child care centre
C - Left at home D - Self (home-based occupation)

Fig 4.1 Family size and child care strategy



N = 950

A - Taken to work spot B - Left at child care centre
C - Left at home D - Self (home-based occupation)

From Table 4.5, it is seen that the percentage of mothers using this last option varied from 43% of those living within 1/2 km of the centre and 7% of those who lived more than 1 km from the centre.

Other factors influencing the choice were the size of the family and the nature of the family with substantially more children being left in larger (52%) than in smaller (33%) families (Fig 4.1), and in extended (59%) than in nuclear families (31%) (Fig 4.2).

Child Care in the Morning

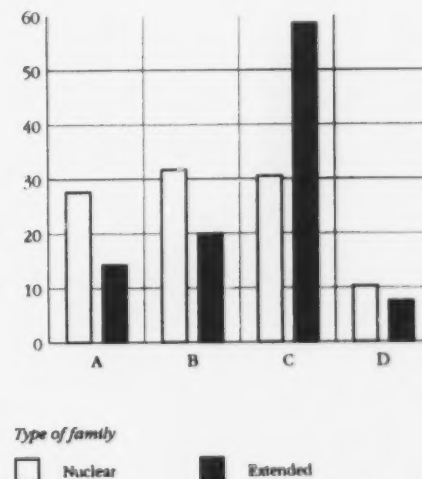
The participation of women in gainful employment enjoins the husband to get more deeply involved in household activities and more importantly, child care. The working mother needs all the help she can get in the morning, when she has to cater to a horde of needs in the family. The burden is more in the rural areas where considerable time and energy is required for additional homemaking activities such as fuel gathering, fetching water and tending cattle.

Along with homemaking activities the working mother has to attend to child care activities such as feeding, bathing, toilet needs and general

supervision. All these have to be completed before she herself can get organised and leave for work by about 7.30 a.m.

A majority of the respondents (93%) attend to

Fig 4.2 Type of family and child care strategy



N = 950

A - Taken to work spot B - Left at child care centre
C - Left at home D - Self (home-based occupation)

morning child care activities themselves and it is significant that less than 1% of the respondents' husbands function as caregivers in the morning. The percentage of sibling caregivers is only slightly more than that of the husbands (2%).

Similarly it is the mother herself (73%) who remains at home and looks after the child if the child is sick, while a few (10%) could arrange for treatment and care and go for work.

On the whole it is seen that despite the difficulties and constraints, women working in the unorganised sector do try to manage coping with child care, though it may not be appropriate to term it optimal. There can be no two opinions on the need to provide support services to such women and help them to pursue economic development with the assurance that their child is cared for adequately.

V CHILD CARE STRATEGIES - A CLOSER LOOK

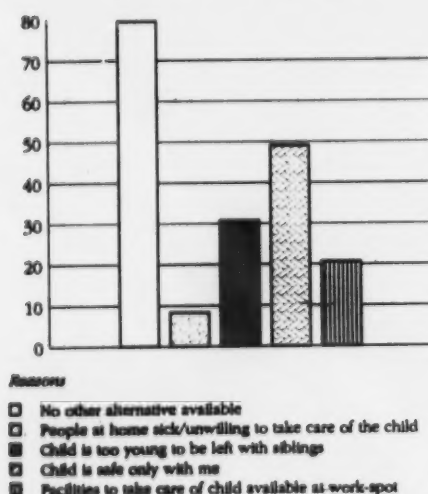
Child Care at the Work Spot

About 25% of the respondents take their children to the work spot. The average age of the child taken to the work spot was 25.1 months and the average distance these respondents travelled to their work-spot was found to be 3.4 kms.

Taking the child to the work spot, in view of the working conditions is not only the least convenient strategy for child care, but often hazardous for both the mother and the young child. Hence there must be compelling reasons that oblige the working mother to take the child to the work spot.

It was found that 80% of these respondents take their children to the work spot because they do not have any other alternative. Another significant reason was the feeling that the child would be safe only under the care of the mother (49%), while 31% stated that the child is too young to be left under the care of siblings (Fig 5.1.) The link between the age of the young child and these reasons is presented in Figure 5.2. Reasons

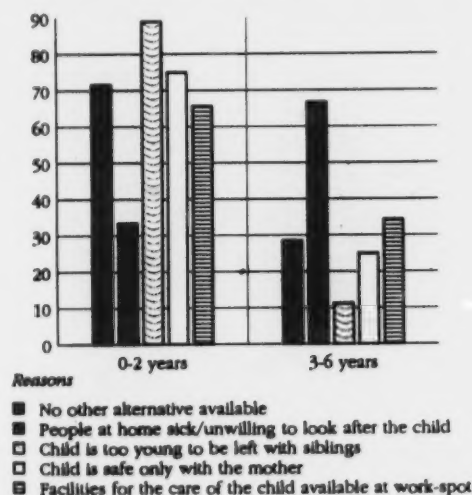
Fig 5.1 Reasons for taking the child to the work spot



N = 235

multiple choice responses

Fig 5.2 Reasons for carrying the child to work spot by age of the child



N = 235

such as lack of alternatives(72%), young age of the child(89%) and 'the child is safe only with me'(75%) were mentioned more by mothers of younger children (0 - 2 yrs).

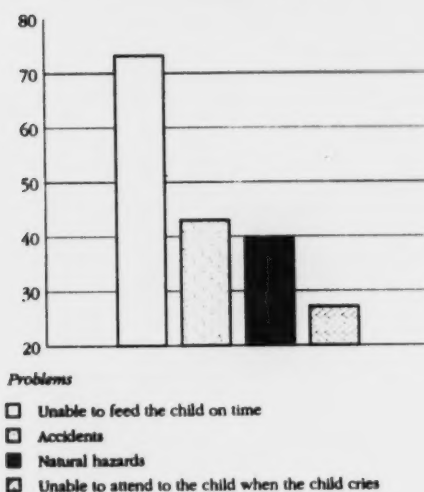
At the work spot, most of these respondents (85%) take care of their children themselves while 7% said that their children were cared for by co-workers and the remaining by siblings and other children (8%) The siblings, apart from looking after the child, run odd errands such as fetching water, buying betel-nut etc., for the respondents and co-workers. Deprived of formal education, they may end up in the same occupation as their mothers.

None of the respondents had the privilege of an employer-arranged facility for child care.

Inability to feed the child on time (73.2), accidents (43%) and natural hazards (40%) were the major problems faced while caring for the child at the work spot (Fig 5.3).

About 53% of these respondents stated that taking the child to the work spot interferes with

Fig 5.3 Problems in taking care of the child at work spot



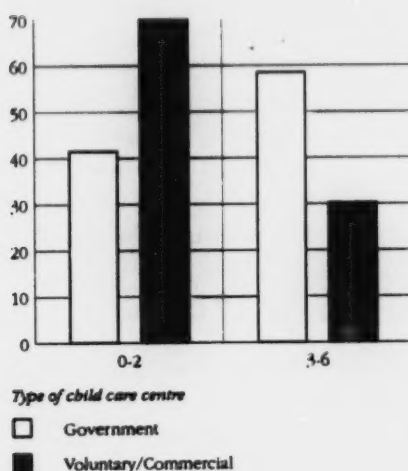
N = 235

multiple choice responses

their work mainly in terms of the quantity of work. However, this did not attract the ire of either the employers or the co-workers as 80% said that neither their co-workers nor their employers objected to bringing the child to the work spot.

Devoid of adequate supervision and care at the work spot, infants and young children frequently

Fig 5.4 Age of the child by type of child care centre



N = 277

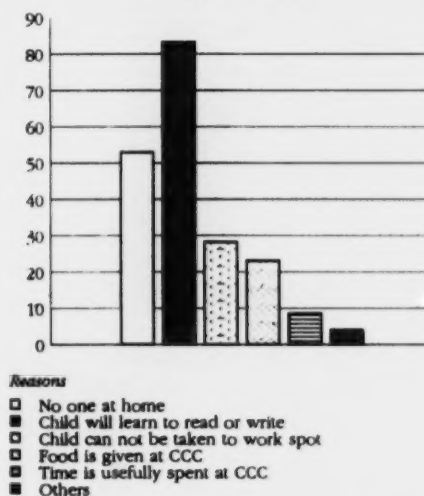
consume mud or other hazardous material which causes diarrhoea and sometimes death according to the respondents. There were also instances of children falling into irrigation wells or ditches.

It is thus evident that though the mother is available near the child, she is unable to provide adequate care.

Child Care at Child Care Centre

About 29% of the respondents send their children to the nearby CCC. Of these respondents

Fig 5.5 Reasons for sending children to Child Care Centre



N = 277

multiple choice responses

74% send their children to Government - run CCCs while the remaining 26% send them to CCCs run by Voluntary agencies or private persons. However it is interesting to note that (Fig 5.4), the percentage of children 0-2 years old is greater in the centres run by voluntary / private agencies (70%) than in Government run centres (41%)

About 53% of the respondents send their children to CCC primarily because there is no one else at home to look after them (Fig 5.5). Sending the child to the CCC is the only option available for child care for these respondents. However, it is interesting to note that 83% of respondents send their children to the CCC with the expectation that the latter will learn to read and write or at least learn the basics that may help them to read and

Table 5.1

Level of satisfaction with the functioning of child care centres

Area of functioning	Level of satisfaction			
	S	N	D	Total
1. Timing	32.2	15.7	51.1	100
2. Feeding	60.1	28.8	11.1	100
3. Toilet care	34.7	43.6	21.7	100
4. Sleeping	50.4	42.7	6.9	100
5. Play activities	37.6	46.2	16.2	100
6. Skill training	48.1	44.7	7.2	100
7. Pacifying the child when the child cries	48.4	40.2	11.4	100
8. Physical protection	42.4	43.9	13.7	100
9. Child care worker	45.0	35.9	17.1	100

N = 277 S - Satisfied N - Neutral D - Dissatisfied

write later on. For twenty eight per cent of the respondents, the inability to take the child to the work spot is the reason for sending. This corresponds with the finding that more respondents send their children to the CCC if the distance to work spot is more (see also Table 4.4). The availability of a CCC nearby also prompts the mothers to send their children. This reinforces the finding that more respondents send their children to the CCC if it is within 1/2 km from home (see also Table 4.5).

The food provided at the CCC also prompts the respondents to send their children (23.1%). The other reasons mentioned were that the CCC provides a chance for the child to spend time usefully rather than roam around in the village and some respondents stated that caregivers at home were either sick or unwilling to be involved in child care.

Studying the opinions regarding various activities of the CCC, it was found that with the

exception of 'feeding' activity, less than 50% of the respondents were satisfied with the other activities at the CCC (Table 5.1). The least satisfaction was expressed for CCC timings with just 33% expressing satisfaction, and 51% dissatisfaction.

This lack of satisfaction is understandable as the CCCs start functioning at 8.30 or 9.00 a.m., when most of the respondents leave for work by 7.30 a.m. Similarly several CCCs close down at noon after lunch or by 3.00 p.m., while most respondents return home only by 5.00 p.m. (See also Table 3.1). About 48 - 50% of the mothers were satisfied with sleeping time, play activities and skill training which refers to teaching of the R's.

Child Care at Home by Others

It was seen that the young child left at home by the respondents was cared for by the siblings, relatives, neighbours and aged relatives. Some children were even left alone. The average age of the child left at home was 21.3 months.

Table 5.2

Opinion on child care activities of caregivers at home

Child care activities	Opinion			
	S	N	D	Total
Feeding	69.4	25.6	5.0	100
Washing/toilet	60.9	33.1	6.0	100
Preparing for school/creche	41.5	37.5	21	100
Recreation	55.5	36.6	7.9	100
Coaching	53	39.7	7.3	100
Assisting child to sleep	62.6	31.2	5.2	100

N = 350 S - Satisfied N - Neutral D - Dissatisfied

More than 50% of the respondents were satisfied with the quality of child care provided by caregivers at home in terms of various child care activities such as feeding, toilet care and preparation for creche (Table 5.2). Maximum satisfaction was expressed for 'feeding' (69%), while more respondents were dissatisfied with 'preparing for school/creche' (21%).

Reasons for dissatisfaction were lack of adequate time spent with the young child, inattentiveness of the care giver, ill-health, old age, lack of affection and young age of the siblings.

Most of these respondents complete activities such as washing, grooming and feeding the children before they go for work so as to reduce the work of the caregiver at home. Most respondents (70%) said that they have very little time for these activities before they leave for work, while quite a few (53%) complained that the caregivers do not assist them in the morning with child care activities. All these exert considerable pressure on the respondents as they hurry for work.

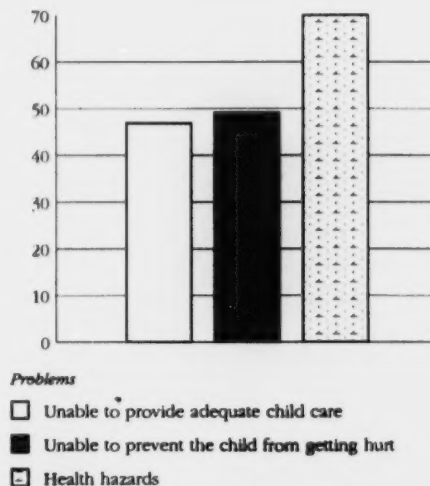
Home-Based Workers

About 10% of respondents were from home-based occupations such as beedi-rolling, weaving and pot-making. These respondents may have a significant advantage over other occupations with regard to child care as they are normally near their children at all times of the day which may facilitate the smooth conduct of several child care

activities. The child may also grow up with a feeling of security.

However, 60% felt that child care interferes with income generating activity to some extent and 89% stated that the impact is mostly on the quantity of the output.

Fig 5.6 Child care problems of home-based workers



N = 92

multiple choice responses

One of the problems as stated by these respondents (47%) was that the demands of their occupation interfered with what they considered normal child care activities even though they were at home. Health hazards posed by the occupation to the young child was also a serious problem mentioned (70%). (Fig 5.6)

VI BREASTFEEDING AND WORK

From time immemorial, the working mother has had to combine breastfeeding and work, trying to strike a healthy balance between the two. However, for the healthy development of the child, the child has to be breastfed exclusively for a period upto 4-6 months of age, which demands the constant presence of the mother near the child. To a great extent patterns of breastfeeding are influenced by factors related to the occupation the mother. Often she faces the dilemma of either relinquishing income for several months because of cessation of income-generating activity or compromising the health and well-being of the child by continuing to work and curtailing the number of feeds per day or halting breastfeeding altogether.

The primary reason for breastfeeding, according to 87% of the respondents, was that it is a demand of nature and instinctual. Eleven per cent

of the respondents mentioned "to make the child healthier" as another primary reason for breastfeeding, while the other reasons stated were, "advice from doctors from friends, to pacify the crying child and purely for the purpose of feeding".

Breastfeeding at Work Spot

The work spot does not offer a conducive atmosphere for breastfeeding, which, it is advised, should take place in a serene and composed atmosphere with least disturbances. This is far from the prevailing reality at the work spot.

Hence it is not surprising that 82% of the respondents say that the major problem they face is lack of conducive circumstances to breastfeed the child at the work spot (Table 6.1). Circumstances here would mainly refer to factors such as a place to sit and breastfeed the child

Table 6.1
Problems in breastfeeding at work spot by occupation

Occupation	Primary problem			
	A	B	C	Total
Agriculture	72.8	26.3	0.9	100
Construction	97.6	2.4	-	100
Weaving/artisan	72.4	25.8	1.8	100
Quarrying	100	-	-	100
Urban petty trade	89.2	8.1	2.7	100
Fishery	96.2	3.8	-	100
Plantation	14.3	-	85.7	100
Domestic work	75	25	-	100
Gypsies	90	10	-	100
Total	81.8	16	2.2	100

N = 162*

* Currently breastfeeding mothers who carry the child to work spot excluding respondents in beedi rolling

A - Lack of conducive circumstances at work spot

B - Lack of adequate time

C - No inclination to breastfeed the child at work

Table 6.2
Number of feeds administered during work by occupation

Occupation	Number of feeds				
	0 - 2	0 - 4	4 - 6	Above 6	Total
Agriculture	55.7	20.5	6.5	17.3	100
Construction	10.8	34.9	27.7	26.6	100
Weaving/artisan	1.4	29.1	15.3	54.2	100
Beedi-rolling	-	4	16	80	100
Quarrying	18.2	36.3	9.1	36.4	100
Urban petty trade	32	12	40	16	100
Fishing	-	-	90	10	100
Plantation	63.6	-	36.4	-	100
Domestic work	58.6	31	10.4	-	100
Gypsies	-	10	30	60	100
Total	34.3	19.6	16.4	29.7	100

N = 562 *

* currently breastfeeding mothers

comfortably and in seclusion and a pollution (noise and dust) free atmosphere. The other problems were lack of time and lack of inclination or desire to breastfeed the child at the work spot. Most respondents in plantation (86%) mentioned lack of inclination as a major problem which may arise from the mobile nature of work and early morning work timings. All the respondents in quarrying stated lack of conducive circumstances in terms of dust and noise free atmosphere and a secluded spot. Respondents in construction also reported the same problem (98%).

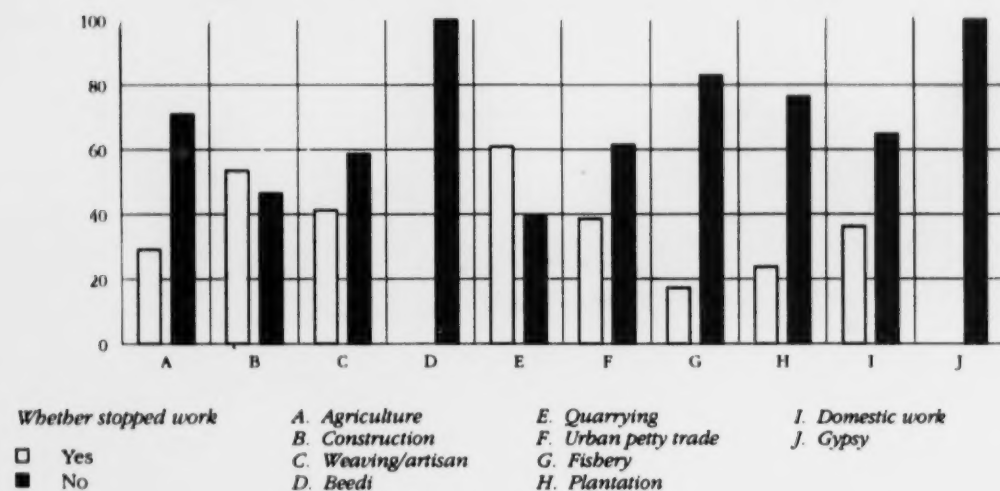
There were differences between occupations in the number of times the children were breastfed during working hours. While more than 50% of the respondents in agriculture, plantation and domestic work sectors who took their young children to the work spot, were unable to breastfeed more than twice at work, the majority of the respondents in home-based occupations such as weaving and beedi-rolling were able to breastfeed their children more than 6 times during working hours (refer Table 6.2). Most respondents in fisheries (90%) managed to feed their infants 4 - 6 times a day.

Cessation of Work for Breastfeeding

Only 31% of the respondents had stopped working exclusively for the purpose of breastfeeding. However, it must be pointed out that the decision to stop working might have sprung from a genuine understanding of the importance of breastfeeding for the child. It also reveals the fact that these mothers, in order to breastfeed the young child, are willing to face the hardships arising out of cessation of income.

There were variations between occupations in the percentage of respondents who were temporarily off work for the purpose of breastfeeding. From Figure 6.1 it can be seen that on one hand more than 50% in construction and quarrying had stopped working to continue breastfeeding while on the other hand, majority of respondents in most of the other occupations did not do the same. This may be attributed to both seasonality of work and the peculiar nature of each occupation. Construction and quarrying employ women through out the year, while agriculture and plantation are to some extent seasonal. Respondents in the latter occupa-

Fig 6.1 Cessation of work for breastfeeding by occupation



N = 950

tions might be able to manage breastfeeding at least during off-season while the others may have to be off work for the purpose.

All the respondents in home/neighbourhood based occupations (beedi rolling and gypsies) and a high proportion among fisherwomen, plantation, agriculture and domestic workers never stopped working for breastfeeding. These respondents were

able to combine work and breastfeeding more successfully than respondents in other occupations. Though many respondents carry the children to the work spot, it was earlier seen (Table 6.1) that conditions at the work spot were not favourable. This again explains the finding that though almost 50% of the respondents in construction carry their children to the work spot (Table 4.2) most of them had to stop working for breastfeeding.

Table 6.3

Occupation and months stopped working

Occupation	Months				
	0 - 3	3 - 6	6 - 9	Above 9	Total
Agriculture	20.5	7.7	16.7	55.1	100
Construction	3.8	62.3	24.5	9.4	100
Weaving/artisan	25.8	51.6	3.2	19.4	100
Quarrying	-	81	14.3	4.7	100
Urban petty trade	50	18.2	-	31.8	100
Fishery	-	-	60	40	100
Plantation	44.4	22.2	11.1	22.3	100
Domestic work	42.1	31.6	15.8	10.5	100
Total	18.6	38.3	16.3	26.9	100

N = 300 *

* includes only those who stopped working exclusively for breastfeeding.

Table 6.4

Age of starting supplementary food by mother's occupation

Occupation	Age of the child (in months)				
	0 - 4	4 - 6	6 - 8	Above 8	Total
Agriculture	2.8	36.3	40.6	20.3	100
Construction	5.7	8.5	60.3	25.5	100
Weaving/artisan	1.1	13.8	43.7	41.4	100
Beedi rolling	2.3	31.4	26.8	39.5	100
Quarrying	29.7	-	35.6	34.7	100
Urban petty trade	22.7	34.7	29.3	13.3	100
Fishery	8.6	43.1	17.3	31	100
Plantation	26.8	22	41.4	9.8	100
Domestic work	2.6	29.9	48.1	19.4	100
Gypsies	2.4	14.3	33.3	50	100
Total	8.7	25.1	39.3	26.9	100

N = 950

There were some variations between occupations in the number of months taken off work for breastfeeding (Table 6.3). A sizeable percentage of respondents in urban petty trade, plantation and domestic work (40 - 44%) were off work for only about 3 months, while the majority in construction and quarrying (63% and 81% respectively) were off work for 3 - 6 months. Most respondents in agriculture (78%) had stopped working for more than 6 months for breastfeeding. To some extent, this may be related to the seasonality of work in agriculture and the timing of study, so no definite conclusions can be drawn.

Supplementary Feeding

Differences between occupations were also observed with regard to the age at which the children were given supplementary feeding. More than 80% of the respondents in construction, weaving/artisan and quarrying sectors and gypsy communities have initiated supplementary feeding only after the child has reached 6 months of age. This pattern is obviously related to the child care strategy available to the mother.

It is seen that the percentage of respondents who introduced supplementary feeding after 6 months is high among the respondents who take their children to the work spot and respondents in home-based occupations (87% and 70% respectively). Mothers who leave the child at home in the care of others may be obliged to introduce supplementary feeds earlier because of their long absences from the home, and at the same time, they can draw upon the services of others to prepare the feeds; while those who carry the child to the work spot and home-based workers may depend more on breastfeeding and have neither time/inclination nor assistance to prepare (and carry) supplementary foods.

Thus occupational factors do influence the breastfeeding practices of women in the unorganised sector. Keeping in mind the fact that most women are now well aware of the benefits of breastfeeding, the practice needs to be further facilitated by removing existing hurdles from the occupations in which women in the unorganised sector find themselves.

VII SIBLINGS IN CHILD CARE

The involvement in care of younger siblings, while healthy and desirable up to a point, may deprive children of their due share of development inputs such as education, recreation, peer association and a carefree life, and this is likely to have repercussions on the growth and development of the young caregiver. This is the context in which the issue is addressed in this chapter.

Profile of Sibling Caregivers

The average age of the young child cared for

by siblings was 2 years and 4 months. However, it was found that 58% of the children under the care of siblings were aged two years and less. It is also seen in Table 7.1 that 46% of all sibling caregivers were in the age-group 4-8 years and that 70% of children below two were in the care of 'tender' caregivers. The responsibility of child care at such a young age may have serious implications for the development of both the child and the sibling.

Table 7.1
Age of sibling caregivers by age of child

Age of the child (in years)	Age of the sibling caregiver (in years)			
	4 - 8	8 - 12	Above 12	Total
0 - 2	55.1 69.2	30.6 48.4	14.3 50.0	100 58.3
3 - 6	34.3 30.8	45.7 51.6	20.0 50.0	100 41.7
Total	46.4 100	36.9 100	16.7 100	100 100

N = 84 *

* Through 112 respondents (11.7% of the total) leave the children under the care of siblings, only 84 (8.8% of the total) had fully responded to the queries in this section.

Table 7.2
Sibling caregivers by age and gender

Age (in years)	Gender		
	Male	Female	Total
4 - 8	48.7 67.9	51.3 35.7	100 46.4
8 - 12	22.6 25.0	77.4 42.9	100 36.9
12-16	14.3 7.1	85.7 21.4	100 16.7
Total	33.3 100	66.7 100	100 100

N = 84

Table 7.3
Nature of child care by gender of caregiver

Gender of the sibling caregiver	Nature of child care		
	Full - time	Part - time	Total
Male	35.7 21.7	64.3 47.4	100 33.3
Female	64.3 78.3	35.7 52.6	100 66.7
Total	54.8 100	45.2 100	100 100

N = 84

The age of the sibling caregivers ranged from 4 to 16 years (Table 7.2). The mean age was 9 years. A majority of all sibling caregivers (67%) were girls. However, almost 68% of the male sibling caregivers were below 8 years while a majority (64%) of the female sibling caregivers were above 8 years of age. At the same time, 3/4 - 4/5 of all sibling caregivers above 8 years of age were female. This suggests that male children 8+ are more likely to be in school than female children of the same age, and hence not available for child care. It is also possible that male caregivers of such a tender age are roped in for this task only when there are no female children available. These findings draw attention to the considerable gender differences in the involvement of siblings in child care. Table 7.3 gives more details on gender differences in the nature of child care.

Fifty-four per cent of the siblings are involved in full-time child care, which means that the sib-

lings were in charge of the young child till the mother returned from work. Among these full-time caregivers the majority were girls (78%). This again implies that the burden of child care is borne more by girl children. It is interesting to note that the proportion of full-time to part-time caregivers is exactly reversed as between male and female caregivers.

Rural-urban differences were observed in the nature of child care (Table 7.4). Eighty-six per cent of all sibling caregivers were found in the rural areas. However, among the urban sibling caregivers 83% had to shoulder this responsibility full-time. Noting that the utilisation of child care services (including child care centres) in the urban areas was lower (refer Table 8.3), this may have been a strong reason for retaining siblings for full-time child care.

Fifty six per cent of all sibling caregivers did not attend school. However, the proportion of

Table 7.4
Nature of child care by residence

Residence	Nature of child care		
	Full - time	Part - time	Total
Rural	50.0 78.3	50.0 94.7	100 85.7
Urban	83.3 21.7	16.7 5.3	100 14.3
Total	54.8 100	45.2 100	100 100

N = 84

Table 7.5
Sibling caregivers by educational status and gender

Gender	Response		
	Not attending school	Attending school	Total
Male	32.1 19.1	67.9 51.4	100 33.3
Female	67.9 80.9	32.1 48.6	100 66.7
Total	56.0 100	44.0 100	100 100

N = 84

those attending and not attending school is almost exactly reversed as between girls and boys (Table 7.5). Among those not attending school, 81% were girls. This again reflects the fact that the burden faced by girl sibling caregivers is more than that of the boys.

Out of these non-attenders, 51% stopped attending school before they completed the primary level (Table 7.6). The foundation for further learning is laid at this level so discontinuation may make it difficult for the child to pick up the threads and continue education later.

Differences among sexes were observed in the level at which discontinuation of studies occurred. A majority of the female siblings (64%) had discontinued before completing primary level of education while only 25% of the male sibling

care givers had discontinued studies at this level. Among the non-attenders at primary level, girls constituted 84%. It is evident that the girl child is the most affected when one considers the overall impact of the responsibility of child care on the siblings (Table 7.7). Seventy-one per cent of the non-attenders had dropped out of school exclusively for the purpose of child care. Among these, the percentage of girls was 86% and boys 14% reinforcing the perception that girl siblings are more burdened by child care than boys. While among boys, 56% had dropped out for child care, 75% of the girls had done so for this reason.

Sibling Involvement in Child Care

Sibling involvement in child care is necessitated mostly by the absence of an alternative

Table 7.6
Non-schoolgoing sibling caregivers by gender and educational level

Gender	Discontinuation level		
	Primary	Middle	Total
Male	25.0 16.3	75.0 51.2	100 19.1
Female	64.3 83.7	35.7 48.8	100 80.9
Total	51.2 100	48.8 100	100 100

N = 47

Table 7.7
Reasons for sibling caregivers' school drop-out by gender

Gender	Reasons			
	A	B	C	Total
Male	55.6	22.2	22.2	100
	14.3	22.2	40.0	19.1
Female	75.0	17.5	7.5	100
	85.7	77.8	60.0	80.1
Total	71.4	18.4	10.2	100
	100	100	100	100

N = 47 A - exclusively for child care B - not interested in studies C - further study not necessary

strategy. Seventy two per cent of those who make use of siblings for child care said it was because there is no one else available for the purpose (Table 7.8). This again reflects the reality that child care centres are not able to take care of young children below 2 years of age.

Eleven per cent of the respondents left their children with siblings because they are unable to take the former to the work spot. This was the most cited second and third reason, indicating that given the option, respondents would prefer to take their children to work spot rather than leave them under the care of siblings. This again reinforces the finding that leaving the young child with siblings as a form of child care strategy is resorted to by the respondents only when all other options

have been explored and found unsuitable. Unwillingness of others in the family, absence of a child care centre nearby, unsatisfactory functioning of child care centres and presence of only aged relatives were some of the other reasons cited for the involvement of siblings in child care.

Only 35% of the respondents were satisfied with the child care provided by the siblings. Obviously the young sibling caregiver may not be competent enough to take care of the young child according to parental needs and expectations.

Child care by siblings is frequently detrimental to the well-being of both the caregiver and the object of the care. Though this fact is understood in full measure by several respondents, they are unable to act otherwise.

Table 7.8
Reasons for siblings' involvement in child care

Reasons	Priority		
	I	II	III
No other option available	72.4	21.4	-
Others sick/unwilling to take care	13.2	14.3	25.0
Not satisfied with child care centre	3.6	2.4	1.2
Child can not be taken to work spot	10.8	25.0	32.1
Not stated	-	36.9	41.7
Total	100	100	100

N=84

VIII CHILD CARE SERVICES AND NEEDS

Tamil Nadu has a comprehensive network of child care centres (CCCs) spread out over the length and breadth of the State, catering to the child care needs of a vast multitude. These centres, numbering more than thirty thousand, are intended to provide a variety of services, of which nutrition and primary health care form an important part. (See Appendix II for an overview of the child care programmes available in Tamil Nadu).

It is 13 years since the Tamil Nadu Government inaugurated its Nutritious Noon Meals Scheme for children. Ever since, it has been acclaimed as a far-reaching success story. Even the World Bank in one of its annual health reports had praised the services, citing it as proof that "appropriate supplementary feeding can be an inexpensive and effective form of nutrition education". However, the services and the functioning of the Child Care Centres (CCC) have been under fire from several quarters on various counts. The oft-repeated accusation is of corruption and poor quality. Unpalatable food, lack of play materials, lack of cleanliness, poorly maintained buildings, lack of educational inputs and lack of healthy guided rec-

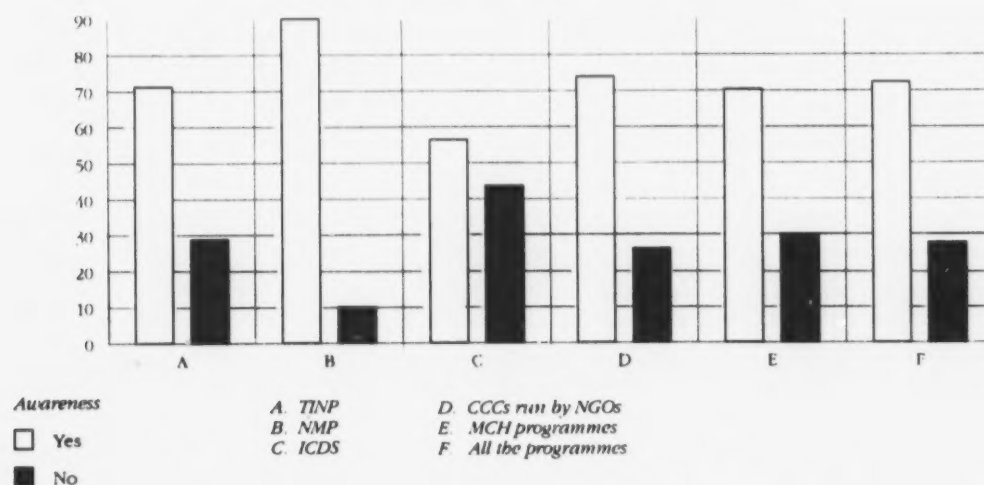
reation were some of the lacunae frequently pointed out by the community as well as by research studies. Another issue is the grievances nursed by the workers in these centres, caused by paltry compensation for the full-time work put in by them.

The presence of an extensive child care service infrastructure is corroborated by this study too. About 80 % of the respondents had a CCC within 1 km. of their homes and the same percentage said that the CCC was easily accessible.

Awareness

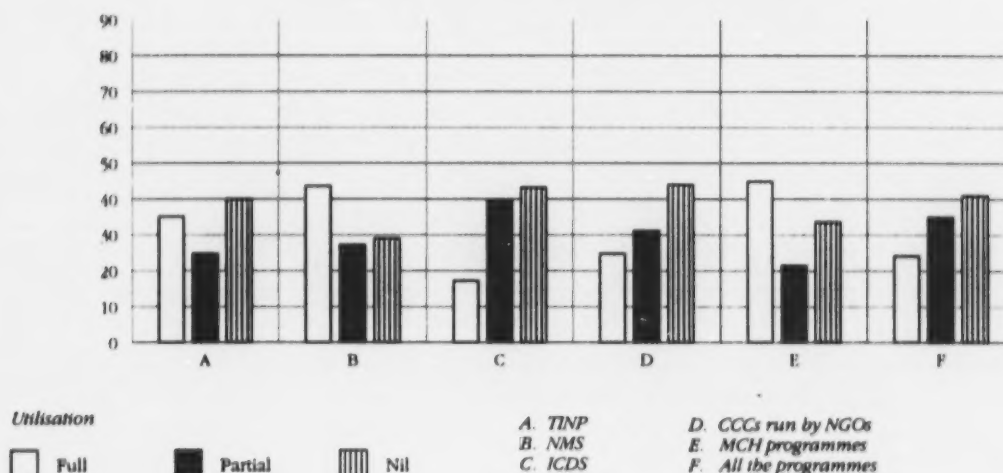
With the exception of ICDS, the majority of respondents (above 70%) are aware of the other child care services. The Noon Meals Scheme (NMS) appears to be the best known service with over 90% aware of the scheme (Fig 8.1). Since ICDS operates only in 10 districts and some urban centres, and is frequently confused with the other similar services, this is understandable. Moreover, the Government of Tamil Nadu is currently engaged in integrating all the programmes and providing a uniform pattern of services in all of them.

Fig 8.1 Awareness of child care programmes



N = 950

Fig 8.2 Utilisation of child care programmes



N = 950

Pattern of Utilisation

Awareness of the various child care services need not necessarily lead to actual use of the services. It was found that only 24% of the respondents make full use of the services, while 35 % partially use (occasional or irregular use) these services. The remaining 41% do not make use of the services at all. The NMS and MCH services are used (44% and 45% respectively) more than other services (Fig 8.2).

Table 8.1 looks at the pattern of utilisation of services in terms of various factors likely to affect it. Utilisation of child care services was more in rural areas than in urban areas, with almost 50% of the respondents in urban areas refraining from using these services. This could be due to the very congested and insanitary state of the facilities as well as the presence of several privately run services in urban areas.

Respondents' monthly income has a marked influence over utilisation. At higher income levels there is less utilisation of child care services. More than 50% of those respondents with higher incomes do not make use of the services while a considerable percentage of those respondents with lower incomes (42%) utilise the services and only 11% of the former make full use of the services. The abil-

ity of women in higher income groups to pay and avail of privately managed services could be a possible reason for this.

Where the contribution of the respondents' income to the total family income is higher, the percentage who fully use the CC services is also high. More than 50% of those respondents who contribute to less than 25% of family income do not make use of the CC services, while the usage increases correspondingly with this percentage. Evidently, the poorer women and those whose earnings are most needed to sustain the family have few other options. However, the educational level of the respondents does not seem to make much difference to utilisation.

The influence on utilisation of the number of working days of the respondents is significant. A smaller percentage of respondents fully use the CC services if the number of working days are greater, since the centres operate for only five days a week, providing only food on the remaining two days.

Reasons for Non - Use

Despite the presence of a child care centre (CCC) within 1 km. of their homes only 29% of the respondents send their children there. The primary reason cited for not sending was that the child was

Table 8.1

Utilisation of child care programmes and some independent variables

Residence	Utilisation			
	Full	Partial	Nil	Total
Rural	30.1	35.0	34.9	100
Urban	15.8	34.8	49.5	100
Education				
Illiterate	28.8	27.2	44.0	100
Primary	23.5	42.7	33.8	100
Above primary	14.9	38.8	46.3	100
Child care strategy				
Taken to the work-spot	26.8	40.4	32.8	100
Left at child care centre	36.5	43.0	20.6	100
Left at home under the care of others	16.3	22.0	61.7	100
Mother herself takes care (Home-based occupation)	9.8	45.7	44.6	100
Respondents' stated income (in rupees per month)				
Rs.100 - 200	42.4	33.7	23.9	100
Rs.200 - 300	30.0	36.4	33.6	100
Rs.300 - 400	17.7	42.0	40.3	100
Rs.400 - 500	19.0	34.3	46.7	100
Above 500	10.5	37.9	51.6	100
Share of the respondent's income in the family income				
Less than 25%	11.9	36.8	51.3	100
25 - 50%	25.0	34.3	40.7	100
Above 50%	36.4	33.2	30.4	100
Working days per week				
5 days	50.4	23.5	26.1	100
6 days	26.5	38.4	35.1	100
7 days	12.9	34.1	53.0	100
Total	24.1	34.9	41.0	100

N = 950

Table 8.2

Reasons for not sending child to child care centre by occupation

Occupation	Reason					Total
	A	B	C	D	E	
Agriculture	73.9	11.0	4.6	10.0	0.5	100
Construction	77.0	15.0	5.4	1.4	1.2	100
Weaving / artisan	80.7	7.1	5.1	7.1	-	100
Beedi rolling	10.7	32.1	5.4	48.2	3.6	100
Quarrying	75.0	14.0	-	11.0	-	100
Urban petty trade	39.6	43.8	10.3	6.3	-	100
Fishing	70.0	10.0	-	20.0	-	100
Plantation	37.5	37.5	8.3	8.3	8.4	100
Domestic work	49.1	33.4	15.8	1.7	-	100
Gypsy	30.6	36.3	16.7	-	16.4	100
Total	60.4	19.7	6.7	11.2	2.0	100

N = 677

A - Child is too young

B - Problems with CCC

C - Problems with child care worker

D - Presence of caregivers at home

E - Other reasons

too young to be sent to the CCC (60%). It is known that the CCCs run by the government admit and are equipped to look after children above 2 years of age only and this seems to be the main constraint. About 20% of the respondents cited problems with the CCCs such as inaccessibility, unsuitable timings and lack of proper facilities in the CCC. Another 7% do not send their children to the CCC because they feel that the CCC workers are not properly trained and that they can not be entrusted with child care. Presence of an alternative caretaker at home was also another reason for not sending the child to the CCC (11%) (Table 8.2).

Some differences can be observed between occupations with regard to the reasons given for not sending their children to the CCCs. A considerable percentage of respondents in urban-based occupations such as beedi rolling, urban petty trade, and domestic work (32%, 44%, and 33% respectively) as well as plantation workers (38%) have stated problems with CCC as a primary reason for not sending their children there, including poor in-

frastructure and unsuitable timings. Respondents of some of these occupations start working early in the morning - a time when CCCs do not start functioning. This is the time when they might need assistance for child care. Forty eight per cent of beedi-workers evidently prefer to keep the children with them (or other family members) at home while working.

Difficulties and Problems

About 59% of the respondents fully or partially make use of the child care services available in the State, including MCH (Table 8.1). Though a majority are satisfied with these services, they mentioned several shortcomings of the services.

Though accurate statistics were not available, about 2/5 of the respondents said that the children have to put up with the poor quality of the CCCs. But the major hurdle seems to be inappropriate timings of the child care services as about 4/5 of these respondents cite this as a major problem.

Another problem is related to the programme personnel, who, according to the respondents, are not very cordial and friendly with the beneficiaries. Frequently they are told to wait or shouted at by the programme personnel. A few respondents mentioned about the unfriendly attitude of some CCC workers. Nearly a quarter of these respondents felt that the programme personnel are not very helpful when approached by the beneficiaries. Only about 5% did not face any of these problems.

Community Perceptions about Child Care Services

The researchers in the course of data collection interacted with several people in the villages to assess their opinions regarding the child care services and the problems that plague them. An issue that came up frequently was that of quality, including the quality of infrastructure as well as of the service.

There were several complaints regarding the quality of the food given to the children in the

CCCs. The lack of absorbing useful activities and educational inputs at the CCC was also pointed out by some informants.

A few problems related to TINP such as irregular distribution of 'sathu urundai' and distribution of stale food were mentioned. Members of the community also expressed their concern for the poorly paid and over-worked child care workers.

All these have culminated in a situation where, according to the community members, in some districts only the poor send their children to the CCCs, a statement which is backed up by the data in Table 8.3. The others, some with difficulty, manage to send their children to Pre-KG schools paying a hefty fee. It was also pointed out that CCCs run by voluntary organisations and private persons/institutions were on average better maintained and provided better quality of services. Due to the shortage of time, it was not possible to empirically verify this perception, though it had been one of the original objectives of the study.

Table 8.3
Stated assistance needed for child care by occupation

Occupation	Assistance needed for child care					
	A	B	C	D	E	F
Agriculture	5.0	69.4	7.9	1.8	47.4	68.7
Construction	49.1	33.9	2.8	—	27.4	86.8
Weaving/artisan	6.9	67.7	8.0	2.3	44.8	70.1
Beedi-rolling	5.8	75.7	7.0	2.3	51.2	58.2
Quarrying	37.7	49.5	5.0	4.0	29.7	74.3
Urban petty trade	1.3	64.0	2.7	—	56.0	76.0
Fishing	39.6	44.8	8.6	3.4	31.0	72.4
Plantation	7.3	78.1	—	—	51.2	63.4
Domestic work	9.1	67.6	5.2	3.9	53.3	61.1
Gypsy	90.5	7.2	—	—	7.2	95.3
TOTAL > 100*	19.6	59.3	5.6	1.9	41.9	71.5

N = 950

* multiple choice responses

A - Child care programmes that cater to special needs

D - Awareness generation programmes

B - Child care services with quality

E - Infrastructure/administration

C - Medical assistance

F - Financial assistance.

Perceptions about Child Care Needs

The respondents were asked a direct question as to what assistance they would need to take care of their children below 6 years of age. Most of the respondents initially were unable to answer as they had never thought about it earlier. However, after some thinking, about 72% said that they wanted financial assistance from the government, and they would take care of their child's nutritional, health and educational needs themselves, better than at present (Table 8.3). Quite a few respondents wanted financial assistance at least during maternity and after delivery. A few were more specific and asked for assistance at the rate of Rs.400 per month for a few months before delivery, and for at least 6 months after delivery! According to them such assistance would facilitate their presence near the growing child throughout the day and promote breastfeeding for longer duration.

Some respondents wanted the government to provide them with Rs.50 per month for each child below 6 years of age in the family. This, they say would be enough for them to provide the child one nutritious meal per day in an hygienic and palatable manner and which according to them, would be much better than the nutrition provided at present by the CCCs.

The second major felt need of the respondents was in the domain of child care services. Fifty nine per cent of the respondents wanted a reoriented and a qualitatively improved CCC. The primary need in this category was CCCs that would function full-time, and linked with the work duration of the mother. Some respondents in this category require CCCs that would start functioning at 6 a.m. or at least at 7 a.m. and wind up only after 6 p.m. Apart from the extension of CCC timings most of the respondents stressed the provision of a qualitatively better service. Cleanliness, good and hygienic food in sufficient quantities, play materials and a safe atmosphere were the elements grouped under quality.

The respondents wanted the CCCs to concentrate more on education of the young child including the teaching of three 'R's. According to them, a child attending the Government run CCCs is at a disadvantage in terms of knowledge of the three 'R's, when compared to children attending pre-KG classes or CCCs run by voluntary organisations and private persons/institutions. Hence the respondents want a strong educational input in the services offered by the CCC.

Forty two per cent of the respondents' needs can be put under the infrastructural and administrative domains. With regard to the administrative aspect of the CC services, these respondents want the Muthulakshmi Reddy Childbirth (M R) Scheme to be extended to the third child too. Some respondents want additional inputs for children of families below poverty line though they are unable to specify what these inputs can be. A few respondents wanted additional benefits for the girl child. A strong appeal was put forward to simplify the procedure for obtaining assistance under M R scheme.

Another infrastructural value addition demanded by the respondents is CCCs near the work-spot. This would help the mother to monitor her child as well as facilitate breastfeeding. Respondents in gypsy communities and those involved in plantation work wanted more CCCs in remote areas where they go for work.

A few responses can be grouped under special needs (20%). A primary need expressed here is CCCs for children aged 6 months onwards. The mother may not be in a position to stop working for more than 6 months, and hence needs support services for child care, particularly in the absence of other caregivers. The respondents strongly feel the need for such CCCs as they find it difficult to balance their work and child care, till the child reaches 2 years of age. The fact that existing services are unsuited to meet this need is beyond dispute. Hence the demand for better infrastructure and changes at the policy level.

IX IMPLICATIONS

This study is essentially a descriptive one, which has tried to document in depth the child care needs of women in the unorganised sector, and the coping strategies adopted by them. No attempt was made to measure the short-term or long-term impact on women, children or the economy as a whole of these strategies. While the nature of the study is such that broad generalisations cannot be made, it has nevertheless thrown up several areas of concern. These concerns need to be considered for immediate action as they point to the condition of 89% of the women workforce in the state.

The Intent

The Constitutional intent related to child care, reflected by Articles 15 (3), 39 (f), 45 and 47 was sought to be converted into action by enunciating a National Policy for Children (1974) which stated that, "it shall be the policy of the State to provide adequate services to children, both before and after birth and through the period of growth, to ensure their full physical, mental and social development". The policy added that in formulating programmes in different sectors, priority shall be given to programmes relating to:

- a. Preventive and promotive aspects of child health.
- b. Nutrition for infants and children in the pre-school age along with nutrition for nursing and expectant mothers.
- c. Creches and other facilities for the care of children of working or ailing mothers.

A significant proposal of the Programme of Action of the National Policy on Education (1992) was to direct the efforts related to early childhood care and education towards the underprivileged i.e., "seasonal labourers, road workers, construction workers, agricultural labourers, nomadic communities and tribals", all of whom belong to the unorganised sector.

However, the findings of this study reveal a clear gap between the intent of the Government and the reality of the existing child care situation, with several child care needs of women in the unorganised sector remaining unfulfilled.

The Gap between Needs and Services

A major issue concerning the child care services presently available in Tamil Nadu, is that the availability of an elaborate infrastructure is not equally matched by a recognition of the genuine needs of working women in the unorganised sector, nor are the day care services geared to meet this diversity of needs. Most centres function for six hours only when the actual need is 10 to 12 hours.

The findings clearly indicate that the child care needs of working women vary among the different occupational groups. Flexible timings for child care centres would address some of those varying needs.

Another important finding relates to the unmet needs of the age-group below 2. Most of the child care centres admit children after they have completed 2 or 3 years of age, because they are not equipped in terms of staff, space, materials etc. to handle younger children.

There is a need for an alternative child care system, not necessarily centre-based, to meet the needs of infants aged 6 months onwards. The different approach to services indicated has radical implications for policy.

Quality of Services

A third issue is that of quality. Lack of quality of care has been a recurring theme of the findings related to child care centres. Satisfaction of respondents who utilise child care centres was low with regard to several activities of these child care centres such as feeding, toilet care, timings, play activities and education. Strong efforts need to be

made to improve the quality of services provided in child care centres. Improvement in quality pertains to an improvement in the quality of the food provided, in the infrastructure such as furniture, play materials, safe building and play space, in the activities of the child care centres and in the allied services such as nutrition and health care, all of which have implications for the training, remuneration, timings and working conditions of child care workers.

Preschool Education

Yet another major concern was related to preschool education. One of the important reasons cited by the mothers for sending their children to the child care centres was the expectation that the child would learn to read and write. However, the mothers were not satisfied with this particular component in the activities of the child care centres. Early childhood education needs to be given importance in these centres, while at the same time more efforts are needed to convince mothers that it is not synonymous with three R's.

Maternity Benefits and Schemes

A crucial area of concern is related to maternity benefits and schemes. Monetary assistance under the existing scheme needs to be increased to a great extent to meet the economic burden precipitated by the cessation of income-generating activity before and after delivery. The findings clearly show that many working women, despite economic constraints, do stop working for a few months after delivery, recognising the need for doing so in the interests of the child. There is an urgent need for this to be supported and amply compensated for by financial assistance before and after delivery. This would compensate the loss of income, provide for the welfare of the mother and the infant, and above all allow for the exclusive breastfeeding of the infant up to 6 months.

The mothers attach a great deal of importance to breastfeeding despite the difficulties. There is a need to facilitate the practice through imaginative measures and changes in the existing maternity

and child care schemes, thereby protecting the breastfeeding rights of the working mother and the child.

Relief for the Girl Child

The provision of maternity assistance and adequate child care services will lead to a substantial decrease in the involvement of siblings in child care - especially the girl child - at the cost of their own education and development.

This has also been emphasised by the National Plan of Action for Children, 1992, which had "universal access to primary education with special emphasis for girls" as one of the major objectives. Creation of child care services to release girls from sibling care responsibilities in order to participate in education was one of the activities suggested to fulfil this objective.

There is an urgent need to think in terms of child care services, particularly in close proximity to schools, which will play a significant role as a support system for girls' education. This would brighten the prospects of continuing their education.

Alternative systems of child care need to be explored. Family based, community based, women's group-based and school-based day-care centres (as suggested by SHRAM SHAKTI, 1988) to name a few can become viable alternatives. Vast human resources remain to be tapped. Voluntary organisations can perhaps explore these possibilities to address the issue of child care at the village level.

Employer Participation

The 'employer' in the unorganised sector denotes a difficult area for intervention, because the employers are small, numerous, scattered, changing and often 'invisible' in the multi-layered system of contracts. Yet it cannot be neglected. Employers can play a very significant role in making the work spot as mother and child - friendly as possible. For this the employers need to be sensitised about the needs of the mothers employed under them. Employers can also make a financial contribution,

even if indirectly, to the maintenance of child care services.

Policy Level Changes

All the above call for a paradigm shift in the present orientation of child care policies. Both government and policy makers as also employers, have continued to look at the issue of child care as an individual problem of women and their families and not as a social responsibility. They fail to recognise that maternity and child care are not the sole responsibility of the concerned individual, but that in the long-term interest of the nation, the state, the family, and society at large have a major responsibility for taking care of working mothers and children. This also involves efforts to involve men to a greater extent in accepting responsibility for child care in the family.

The policies need to be given a pro-child and a pro-mother emphasis rather than a pro-resources and a pro-administrative one. This is necessary because, frequently, adequate resources are not allotted to child care in the name of structural adjustments, and administrative considerations gain emphasis over the needs of the mother and the child. Child care cannot be compromised. There is a need to consider it as a national priority on par with perhaps poverty allevia-

tion. Programmes must shift from a service-delivery approach to a need-based flexible child-and-mother-sensitive one.

Concluding Remarks

The issue of child care is a complex one involving several areas of concern and action. However, one can not afford to be hesitant in investing in child care, as the spin-offs from such an investment are tremendous. This has been the experience of most ex-Socialist countries as well as some developed countries which are reaping the fruits of investing in a supportive and mother-friendly child care system.

The fundamental change that is required is a change in attitudes among employers, policy makers and the public. The first step in this direction is the recognition that women are performing a socially relevant function when they bear children. Secondly, children are a valuable resource for a nation and hence providing good child care is a national responsibility. And thirdly it is the fundamental right of every child to have adequate care. These implications if understood properly would be instrumental in revamping the existing child care system to take a giant step towards one that is comprehensive and child-and-mother-friendly.

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APPENDIX I

Care of children of working mothers (in Tamil Nadu)

Per cent children by present age, sex and type of child care when mother goes to work 1978

Present age								
Item	Sex	Below 1 year	1 year	2 years	3 years	4 years	5 years	6 years
1	2	3	4	5	6	7	8	9
Rural								
Mother herself	Male	64.71	54.38	48.10	45.51	46.01	41.50	44.09
	Female	55.59	54.53	50.36	40.10	43.91	43.17	40.73
Grand parents	Male	7.32	9.17	9.77	9.10	8.59	7.10	7.31
	Female	11.07	9.11	8.91	10.42	7.79	5.88	10.43
Other persons in household	Male	13.44	20.82	21.37	22.12	19.26	15.12	15.59
	Female	20.66	20.40	21.60	23.62	21.50	17.79	16.37
Servants	Male	0.41	0.18	0.29	0.50	0.19	0.31	-
	Female	0.10	-	0.38	0.55	0.30	0.10	0.38
Other persons not related	Male	13.59	11.26	12.81	11.00	11.47	11.49	7.70
	Female	11.31	12.25	11.77	15.54	9.85	9.69	5.89
None	Male	0.53	4.19	7.66	11.77	14.48	24.48	25.31
	Female	1.27	3.81	6.98	9.77	16.65	23.37	26.20
All classes	Male	100.00	100.00	100.00	100.00	100.00	100.00	100.00
	Female	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Urban								
Mother herself	Male	55.64	64.67	56.84	61.06	53.01	59.29	61.23
	Female	46.86	53.19	55.76	59.95	62.31	52.79	58.32
Grand parents	Male	26.71	19.28	22.43	16.78	26.12	23.75	19.09
	Female	29.66	23.12	25.08	26.76	22.65	18.13	20.69
Other persons in household	Male	4.02	5.45	6.52	10.43	6.15	3.49	7.47
	Female	10.38	5.78	5.35	6.43	4.50	12.09	9.88
Servants	Male	2.87	2.69	3.31	1.45	1.58	1.85	2.10
	Female	3.46	2.84	2.84	0.65	0.88	3.35	0.80
Other persons not related	Male	7.79	5.83	7.65	4.93	6.81	4.90	8.23
	Female	8.29	9.42	6.90	5.52	4.42	10.53	7.51
None	Male	2.97	2.80	2.25	5.35	6.33	6.72	1.88
	Female	1.35	5.65	4.07	0.69	5.24	3.11	2.80
All classes	Male	100.00	100.00	100.00	100.00	100.00	100.00	100.00
	Female	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Source : Survey on Infant and Child Mortality, 1979, Office of the Registrar General, India.

APPENDIX II

Table 1 Child care services in Tamil Nadu - 1992

Auspices	No. of centres (in thousands)	No. of beneficiaries (in lakhs)
<i>Government Sector</i> Nutritious Noon Meals Programme	18.5	14.81 (2½ - 5 years)
Integrated Child Development Services	10.04	4.02 (0 - 6 years)
Tamil Nadu Integrated Nutrition Programme	7.39	4.62 (6 moths - 3 years)
<i>Non-Government Sector</i> Creches - voluntary sector	1.01	0.25 (0 - 5 years)
Statutory Creches	0.69	0.17 (0 - 6 years)

Table 2 Schemes for maternity and child care in Tamil Nadu

Name of the Scheme	Objective	Provision
Dr. Muthulakshmi Reddy Memorial Maternal Assistance Scheme	1. To compensate loss of income during pregnancy 2. To maintain the health of pregnant women	A sum of Rs. 300/- is offered in two instalments of Rs. 150/- each prior to and after the delivery
Chief Minister's Cradle Scheme	1. To check female infanticide 2. To increase sex ratio	Unwanted female children left in the Government child care centre would be placed in foster homes
Girl Child Protection Scheme	To improve the image and status of the girl child	Poor families who have undergone sterilisation after one or two girls will receive Rs. 1200/- for each girl child, with a lump sum of Rs. 10,000 when the girls reach age 20.

Source: "Issues in Implementation of Child Care Services", Rama Narayanan, Project ACCESS, M.S.S.R.F, in Policy for the Young Child in Tamil Nadu, Proceedings No.10, M.S.S.R.F

*From the age of five to one's death
is but a single step
From birth to the age of five
is a life - time*

- Pascal
